

IMPORTANT INFORMATION FOR NEW SUPPLEMENTAL SECURITY INCOME/STATE SUPPLEMENTARY PAYMENT (SSI/SSP) RECIPIENTS

BENEFITS IDENTIFICATION CARD

You are eligible for Medi-Cal benefits because you have been approved for current SSI/SSP benefits. You have received or will shortly receive a plastic Benefits Identification Card (BIC). This BIC can be used to verify your eligibility for Medi-Cal benefits, allowing your Medi-Cal providers to bill for medical care. If your doctor or your health provider tells you your Medi-Cal eligibility is for a county in which you do not reside, you must contact your Social Security Administration (SSA) office to have them correct their records.

PAYMENT OF PRIOR MONTH MEDICAL BILLS

The first month of your eligibility for Medi-Cal is:

- The first month for which you received your first SSI/SSP payment, or
- If you are under 21, the month you applied for SSI/SSP, as long as you were eligible for SSI/SSP in that month.

This is the case even though your first SSI/SSP payment may not have arrived until a later month. This may include a number of months before you received your BIC.

If you had medical services from a Medi-Cal provider, that provider can bill Medi-Cal for those services. However, you must contact the providers you saw during this period so that these providers can bill Medi-Cal. Payment for services over one year prior to receiving your BIC requires a Letter of Authorization (MC 180). This form is obtained by bringing your award letter or a letter from the Social Security Administration to your local county welfare office. You should bring in copies of your medical bills to assist in determining what month(s) you need to request Medi-Cal benefits. **IMPORTANT. This request should be made within six months of the date of the award letter.**

DO NOT THROW AWAY YOUR BIC. If you got Medi-Cal in the past, you may already have a plastic BIC that can be used again. If you lose your card, contact your local county welfare office and ask for a new card. **If you are issued a new card, then your old card must be destroyed.**

MEDI-CAL MANAGED CARE

Medi-Cal Managed Care is a state program that contracts with various health care plans. The managed health care plans must provide directly or arrange all medical services for you. You can ask your local county welfare office if managed care plans are available. Ask how to contact the health care plan or the local health care options workers.

IF YOUR SSI/SSP IS STOPPED

If you are getting SSI/SSP disability benefits and the Social Security Administration later decides that you are no longer disabled, you will receive a notice telling you that you will continue to receive Medi-Cal benefits until the county does a redetermination of your eligibility under another Medi-Cal program. Once the county completes the Medi-Cal eligibility redetermination, you will be notified regarding your continuing eligibility or ineligibility for the Medi-Cal program.

IF YOU HAVE MORE THAN ONE PROVIDER

If you get treatment from more than one doctor, you should tell each doctor about the other doctor(s). Do not abuse your Medi-Cal benefits. It is a crime to get drugs through false statements or allow others to use your BIC.

IF YOU HAVE PRIVATE HEALTH INSURANCE

As a Medi-Cal beneficiary, you must report any private health insurance you have to the Social Security Administration. **Having private health insurance does not prevent you from being eligible for Medi-Cal; however, if you do not report it, your Medi-Cal benefits can be stopped.** State and federal law requires Medi-Cal to bill your private health insurance before billing the Medi-Cal program.

If your private health insurance is through a Prepaid Health Plan or Health Maintenance Organization (PHP/HMO), you must go to your health plan to receive health care services. Medi-Cal may not pay for services available through a PHP/HMO plan if you choose to seek treatment elsewhere.

Additionally, the Health Insurance Premium Payment (HIPP) and Employer Group Health Plan (EGHP) programs may pay your health insurance premiums for you **if it is cost effective**. If you have high monthly health care costs and presently have health insurance or have health insurance available to you, you may qualify for one of the two programs.

Questions about Medi-Cal and private health insurance or eligibility requirements for the HIPP/EGHP programs can be answered between 8:00 a.m. and 5:00 p.m., Monday through Friday, by calling the Department of Health Care Services' toll-free phone line at 1-800-952-5294.

INFORMATION YOU MUST REPORT

You must report any changes in your income, resources, or living arrangements to the Social Security Administration.

You must report when you get Medi-Cal services because of an accident or injury caused by someone else. Report all accidents or injury to:

Department of Health Care Services
Personal Injury Unit
P.O. Box 997425, MS 4720
Sacramento, CA 95899-7425

If you receive any direct payments from insurance for services paid by Medi-Cal, send them to:

Department of Health Care Services
Healthy Insurance Section
P.O. Box 997423, MS 4719
Sacramento, CA 95899-7424

You may also call (916) 650-0490 or fax information to (916) 650-6581.

MEDICARE

If you do not already get Social Security benefits, you must apply for Medicare benefits at the local Social Security Administration office if you are 64 years and 9 months of age or older.